# Vocational Placement Time Log

## Overview

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| The unit **CHCCCS040 - Support independence and wellbeing (Release 1)** requires you to complete a minimum of 120 hours of Vocational Placement in at least one aged care, home and community, disability or community service organisation as detailed in the Assessment Requirements of the relevant unit of competency.  The total number of hours may be applied collectively across all units of competency in the qualification you are completing which include the requirement for workplace hours.  As evidence of your successful completion of this, you are required to log the time you spend in vocational placement for this unit through the **Vocational Placement Time Log.**  Instructions for completing this Vocational Placement Time Log are provided on the following pages. |

## Instructions for Completing the VP Time Log

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| Application  Description automatically generated with low confidence | **Steps to take**   1. Locate the *Vocational Placement Time Log* provided on the following pages. 2. Complete all the preliminary fields in the template. For your reference, a sample of a partially completed log is provided in the following pages. 3. After each shift you complete, log the total hours you worked for that shift, and:    1. Have your supervisor sign their initials on the entry.    2. Have your assessor sign their initials on the entry.   Their signatures must be handwritten.   1. Upon completing the required 120 hours as well as the practical assessments contained in the CHCCCS040 Skills Workbook:    * + Complete and sign the *Candidate Declaration* section of the log. Your signature must be handwritten.      + Have your supervisor and assessor complete and sign the *Supervisor Declaration* and *Assessor Declaration* sections of the log, respectively. Their signatures must be handwritten. 2. For a satisfactory performance, ensure that your submission meets all criteria listed in the *Vocational Placement Time Log – Assessor’s Checklist* provided below. 3. Save and submit the completed and signed *Vocational Placement Time Log* to your assessor. |

Assessor’s Checklist

**To the candidate:** You will not be the one to fill this checklist. This checklist is only for your reference. Ensure that your submission meets all criteria below before submitting it to your assessor. You will be marked satisfactory only if your submission meets all items below.

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| --- | --- |
| Candidate name |  |
| Assessor’s name |  |

| **For satisfactory performance in this assessment:** | **YES** | **NO** |
| --- | --- | --- |
| 1. Fields under the *Candidate Information* section are filled in and with the correct information. |  |  |
| 1. Fields under the *RTO Information* section are filled in and with the correct information. |  |  |
| 1. Fields under the *VP Provider Information* section are filled in and with the correct information. |  |  |
| 1. The *VP Provider* stated in the *VP Provider Information* is a service that provides support to people with disabilities. |  |  |
| 1. Each timesheet printed includes the candidate name, VP site, supervisor name, and assessor name. |  |  |
| 1. Each entry on the timesheet is dated, with the start and end times of the shift. |  |  |
| 1. Each entry outlines the activities and responsibilities they have undertaken for that day. |  |  |
| 1. Each entry indicates the total hours rendered for that day (must be consistent with the start and end time of that entry). |  |  |
| 1. Each timesheet indicates the total hours for all entries inputted on that sheet. |  |  |
| 1. Hours recorded in all timesheets should total at least 120 hours. |  |  |
| 1. Each entry is initialled by the supervisor. Initials must be handwritten. |  |  |
| 1. CHCCCS040 Skills Workbook Assessment Tasks must be included, signed, and dated. |  |  |
| 1. The dates in the entries listed above match the dates indicated on CHCCCS040 Observation Forms, Assessor’s Checklists, and Evidence Submissions. |  |  |
| 1. The *Candidate Declaration* must be completed and signed by the candidate – all fields correctly filled in and signature must be handwritten. |  |  |
| 1. The *Assessor Declaration* must be completed and signed by the assessor – all fields correctly filled in and signature must be handwritten. |  |  |
| 1. The *Supervisor Declaration* must be completed and signed by the supervisor – all fields correctly filled in, and signature must be handwritten. |  |  |

End of Assessor’s Checklist

## Vocational Placement Time Log

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| **Vocational Placement Time Log** |
| **TO THE SUPERVISOR**  **Dear Supervisor,**  Thank you for agreeing to act as the candidate’s supervisor in the duration of their vocational placement for the unit **CHCCCS040 - Support independence and wellbeing (Release 1).**  Please read through the information provided in this *Vocational Placement Time Log* to guide you in fulfilling your role.  **Your Role as the Vocational Placement Supervisor**  Your role is to supervise and observe the candidate during their vocational placement at the service and to confirm that they have performed the required assessment activities during their placement in your workplace/organisation.  Before you complete this form, please:   * Read through this *Vocational Placement Time Log*. * Discuss any queries you may have on this log with the candidate. If the candidate cannot answer your questions, contact the candidate’s training provider or assessor.   The candidate will log each shift/day they complete at the service as an entry in the timesheets provided in this *Vocational Placement Time Log*.  You are asked to review each entry and confirm that this is true and accurate by affixing your initials on each. Your initials must be handwritten.  By affixing your initials on each entry, you are confirming you have sufficiently observed and supervised the candidate complete the shifts recorded in this log.  Complete all parts of the form, including the *Supervisor Declaration* section. Once done, please return this form to the candidate.  Thank you very much, and have a good day! |

**Vocational Placement Details**

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| Vocational placement provider |  |
| Postal address |  |
| State/territory |  |
| Contact number (required) |  |
| Email address (required) |  |

**Time Log Sheet**

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| Candidate name |  | VP Supervisor |  |
| Vocational placement site |  | Assessor |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Date of entry** | **Activities or responsibilities undertaken on this date** | **Start time** | **Finish time** | **Total hours (duration)** | **Supervisor Initials** | **Assessor’s Initials** |
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| **TOTAL HOURS** | | | |  | | |

*Print more sheets as needed.*

**Time Log Sheet**

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| Candidate name |  | VP Supervisor |  |
| Vocational placement site |  | Assessor |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Date of entry** | **Activities or responsibilities undertaken on this date** | **Start time** | **Finish time** | **Total hours (duration)** | **Supervisor Initials** | **Assessor’s Initials** |
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| **TOTAL HOURS** | | | |  | | |

*Print more sheets as needed.*

**Time Log Sheet**

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| --- | --- | --- | --- |
| Candidate name |  | VP Supervisor |  |
| Vocational placement site |  | Assessor |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Date of entry** | **Activities or responsibilities undertaken on this date** | **Start time** | **Finish time** | **Total hours (duration)** | **Supervisor Initials** | **Assessor’s Initials** |
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| **TOTAL HOURS** | | | |  | | |

*Print more sheets as needed.*

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| **CANDIDATE DECLARATION**  By signing this declaration, I confirm that I have completed the stated number of hours of Vocational Placement in the service listed above.  I further confirm that this document is true and accurate. | |
| Candidate name: | Signature (must be handwritten) |
| Total logged hours: |
| Date completed: |

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| **SUPERVISOR DECLARATION**  By signing this declaration, I confirm that I have sufficiently observed the candidate, whose name appears above, complete the shifts recorded on this *Vocational Placement Time Log*.  I further confirm that this document is true and accurate. | |
| Supervisor name: | Signature (must be handwritten)    Date signed |
| Contact number (required): |
| Email address (required): |
| Supervisor qualifications: |

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| **ASSESSOR DECLARATION**  By signing this declaration, I confirm that the candidate, whose name appears above, complete the shifts recorded on this *Vocational Placement Time Log*.  I further confirm that this document is true and accurate. | |
| Assessor’s name: | Assessor’s (must be handwritten) |
| Date signed: |

End of Vocational Placement Time Log